

BRAKE INSPECTOR CERTIFICATION

Name of Motor Carrier: _____

Location: _____ Date: _____

Printed Name of Brake Inspector: _____

§396.25 Qualifications of brake inspectors.

(a) The motor carrier shall ensure that all inspections, maintenance, repairs or service to the brakes of its commercial motor vehicle, are performed in compliance with the requirements of this section.

(b) For purposes of this section, "brake inspector" means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier's control, meet the applicable Federal standards.

(c) No motor carrier shall require or permit any employee who does not meet the minimum brake inspector qualifications of §396.25(d) to be responsible for the inspection, maintenance, service or repairs of any brakes on its commercial motor vehicles.

(d) The motor carrier shall ensure that each brake inspector is qualified.

I AM A QUALIFIED BRAKE INSPECTOR BASED ON THE FOLLOWING:

_____ (1) I meet the following requirements:

(A) I understand the brake service or inspection task to be accomplished and can perform that task; and

(B) I am knowledgeable of and have mastered the methods, procedures, tools, and equipment used when performing an assigned brake service of inspection task; and

(C) I am capable of performing the assigned brake service of apprenticeship program sponsored by a State, a Canadian Province, a Federal agency or a labor union, or a training program approved by a State, Provincial or Federal agency, or have a certificate from a State or Canadian Province which qualifies me to perform the assigned brake service of inspection task (including passage of Commercial Driver's License air brake tests in the case of a brake inspection):

Name of Program/Certificate: _____

OR

_____ (2) I have brake related training or experience or a combination thereof totaling at least **one year**. Such training shall consist of:

_____ (A) Participation in a training program sponsored by a brake or vehicle manufacturer or a similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspections tasks:

Name of Program/Certificate _____ How Long? _____ Months
Years
(Circle One)

or

_____ (B) Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program:

Name of Employer _____ How Long? _____ Months
Years
(Circle One)

Name of Employer _____ How Long? _____ Months
Years
(Circle One)

or

_____ (B) Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program:

Name of Employer _____ How Long? _____ Months
Years
(Circle One)

Name of Employer _____ How Long? _____ Months
Years
(Circle One)

NOTE: Combination of (A), (B) and (C) above must total at least one year.

SIGNATURE OF BRAKE INSPECTOR

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE